

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis, Mo.** (No.)

FEB 8 1937 **791**
1008
Registration District No.
Primary Registration District No.
4219 Wyoming Street

File No. **3748**
Registered No. **784**
St. Ward)

2. FULL NAME

Magdalena M. Acker

(a) Residence, No. **4219 Wyoming Street** St. **16** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Acker Jr.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 23rd, 1860**

7. AGE YEARS **76** MONTHS **8** DAYS **24** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own home** 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Nicholas Schmidt**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

17. INFORMANT **George Acker** (ADDRESS) **Waterloo, Illinois**

18. BURIAL, CREMATION, OR REMOVAL **Waterloo, Ill.** DATE **January 20, 1937**

19. UNDERTAKER **Albert H. Hoppe Inc.,** (ADDRESS) **429 N. Euclid Avenue**

20. FILED **1/18** 19 **37** **St. Bredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 17th**, 19 **37**

22. I HEREBY CERTIFY That I attended deceased from **Dec 5th** 19 **36** to **Jan 17th** 19 **37**

I last saw him alive on **Dec 16th**, 1936. Death is said to have occurred on the date stated above, at **7:45 P.M.**

The principal cause of death and related causes of importance were as follows:

Carcinoma of the right Lung. fatal pulmonary suppuration of R. Breast. Primary seat in lymphatic system. Date of onset **1936**

Other contributory causes of importance: **Arteriosclerosis & Hypertension**

Name of operation **Physician's X-ray** Date of operation What test confirmed diagnosis? **Physician's X-ray** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify

(Signed) **Henry P. Traut** M. D. (Address) **290 15 6 New York St.**

1944-1945

1946-1947

1948-1949

1950-1951

1952-1953

1954-1955

1956-1957

1958-1959

1960-1961

1962-1963

1964-1965

1966-1967

1968-1969

1970-1971

1972-1973

1974-1975

1976-1977

1978-1979

1980-1981